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PP RUEHROV  
DE RUEHDS #1280 1150505  
ZNR UUUUU ZZH  
P 250505Z APR 07  
FM AMEMBASSY ADDIS ABABA  
TO RUEHC/SECSTATE WASHDC PRIORITY 5831  
INFO RUCNIAD/IGAD COLLECTIVE  
RUEHPH/CDC ATLANTA

UNCLAS ADDIS ABABA 001280

SIPDIS

SENSITIVE  
SIPDIS

DEPT FOR G/AIAG:J.KOWALSKI, S/ES-O/CMS:L.GISVOLD

E.O. 12958: N/A

TAGS: [ET](#) [KFLU](#) [TBIO](#) [AMED](#) [EAID](#) [EAGR](#) [SENV](#) [XW](#)

SUBJECT: ETHIOPIA: THE DEVELOPMENT AND EXERCISING OF AVIAN AND  
PANDEMIC RESPONSE PLANS

REF: A) STATE 050514

B) ADDIS 1042

SENSITIVE BUT UNCLASSIFIED - PROTECT ACCORDINGLY

11. (U) CORRECTED VERSION OF ADDIS 1271.

12. (SBU) SUMMARY: In consultation with local actors and international agencies, Ethiopia has developed a national avian influenza preparedness plan, which includes containment measures such as vaccination of domestic poultry and culling. The Government of Ethiopia has not tested the plan, but continues to support active surveillance in high-risk areas throughout the country. END SUMMARY.

13. (U) Ethiopia's national Avian Influenza Task Force has developed and disseminated a National AI Prevention and Containment Plan, with input from relevant groups such as government agencies, the private sector, civil society, USAID, CDC, FAO, and WHO. The plan includes containment measures, including vaccination of domestic poultry and culling. Authorities have established cost estimates for the plan and developed an implementation plan.

14. (SBU) The Government currently does not have plans to test the preparedness plan. However, surveillance teams from the FAO and the GOE's Ministry of Agriculture and Rural Development (MOARD) are deployed throughout the country, conducting active animal surveillance in key high-risk areas (both household and poultry production), with a particular focus on border areas with Sudan and Djibouti (ref B). Through active surveillance, teams collected samples from poultry at least once in the past six months in at least three-quarters of all target areas. Currently, on average it takes 7-12 days from the onset of "significant" deaths in poultry or wild birds associated with clinical symptoms consistent with H5N1, to the collection of clinical samples for H5 or H5N1 diagnosis by rapid diagnostic or laboratory testing. On average, it takes another 5-9 days from receipt of clinical samples to either confirm or rule out H5 or H5N1 avian influenza as the causative agent using a rapid diagnostic or laboratory testing.

15. (U) Mission points of contact are: Judith Robb-McCord, USAID/Ethiopia Health Officer (251-11-552-5176) and Carolyn Greene, CDC/Ethiopia Deputy Director for Programs (251-11-466-9566).

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